

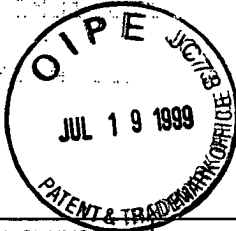
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Assistant Commissioner for Patents  
Washington, D.C. 20231

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NEIL D. GERSHON  
UNITED STATES SUPREMACY COURT  
111 GLOVER AVENUE  
NORWALK, CT 06856



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Vanessa Mastri (Depositor's name)

Vanessa Mastri (Signature)

July 15, 1999 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
91	07/09/99	26	WOO, J	07/19/99
First Named Applicant: WINSLOW, 35 USC 154(b), term ext. = 0 Days.				

TITLE OF INVENTION: A METHOD FOR IMPROVING THE STABILITY OF A PATENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
91-001	01-01	001	UTILITY	NO	\$1210.00	07/19/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: Surgical Dynamics, Inc.

111 Glover Avenue

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Norwalk, CT 06856 USA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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☐ Advance Order - # of Copies \_\_\_\_\_

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Neil D. Gershon 32,225

(Date)

7/14/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

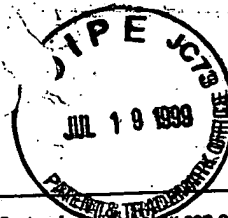
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## PART B - ISSUE FEE TRANSMITTAL

with app. fees, to: **Box ISSUE FEE**  
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NEIL D GERSHON  
 UNITED STATES SURGICAL CORPORATION  
 150 GLOVER AVENUE  
 NORWALK CT 06856

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Vanessa Mastri

(Depositor's name)

Vanessa Mastri

(Signature)

July 15, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/889,661	07/08/97	026	WOO, J	3731 04/19/99
First Named Applicant	WINSLOW, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION: METHOD AND INSTRUMENTATION FOR IMPLANT INSERTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 1791-CON	606-061.000	R96	UTILITY	NO	\$1210.00	07/19/99

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(Authorized Signature) Neil D. Gershon 32,225 *Neil D Gershon* (Date) 7/14/99

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